Section A: SEATBELTS

1. How often do you use seat be	elts when you drive or ride a car?
Would you say:	Always
	Don't know/Not sure 7 Never drive/ride in a car 8 Refused
Section B: HYPERTENSION	<u>N</u>
been told by a doctor, nurse, or pressure?	out hypertension or high blood pressure. Have you ever other health professional that you have high blood RSE OR OTHER HEALTH PROFESSIONAL.)
	-No
Skip to Section C (Q.8)< Don't know/Not sure	Refused9
have you been told this only on	than one occasion that your blood pressure was high, or ice? More than once
	rescribed for your high blood pressure? fes
5. Are you currently taking me	dicine for your high blood pressure?

(PROBE FOR "ALL OR MOST OF THE T NECESSARY. IF ANSWER IS "YES," US					
Yes, all or n				SI OF THE III	NIE.)
Yes, occasio					
No					
Don't know					
Refused			9		
6. Are you doing any of the following to he	elp con	trol y	our high blo	ood pressure?	
(Please read: Circle appropriate answer (Please Note: "d4" is do not smoke)	for ea	ch ite	m)		
	Yes	No	Not Sure	Refused	
Following a low salt diet	1	2	7	9	
Watching your weight	1	2	7	9	
Avoiding stress, relaxing	1	2	7 7 7	9	
Cutting down or stopping smoking	1 1	2	7 7	9 9	
Following an exercise program	1	2	/	9	
7. As far as you know, is your blood pressurt still high? (NOTE: NORMAL OR UNDER CONTRO AND "NO LONGER HAVE HIGH BLOO	L INC	CLUE	DES "RETU		
Normal Under contro Still high Don't know/l Refused	1 Not su	re	2 3 7		
SECTION C: EXERCISE					
The next few questions are about exercise, your regular job duties.	recrea	tion, o	or physical a	activities other th	han
8. During the past month, did you participat as running, calisthenics, golf, gardening, or				ties or exercises	such
Yes(Go to o No Don't know/l			2		

Refused......9

9. Were there other activities or exercises that you participated in during the past month besides running, calisthenics, golf, yardwork or walking for exercise?		
(Go to Section D)◀	Yes	
10. What type of physical act the past month?	civity or exercise did you spend the most time doing during	
OFFICE ONLY See coding list AActivi	Activity	
ASK Q.11 ONLY IF ANSWER T OTHERS GO TO Q.12	O Q.10 IS RUNNING, JOGGING, WALKING OR SWIMMING, ALL	
11. How far do you usually	walk/run/jog/swim?	
See coding List B if answer not in miles and tenths	Miles and Tenths Don't Know/Not Sure777 Refused999	
12. How many times per week or per month did you take part in this activity during the past month?		
	Times per week1 or	
	Times per month2	
	Don't know/Not sure777 Refused999	
13.And when you took part in this activity for how many minutes or hours did you usually keep at it?		
	Hours & Minutes:	

Refu	sed999
14. Was there another physical active month?	ity or exercise that you participated in during the past
No Don'	
15. What other type of physical active month?	vity gave you the next most exercise during the past
OFFICE ONLY See coding list AActivity	Activity Don't know/Not Sure
16. How far do you usually walk, jo	og, run or swim?
answer not in miles and Don't	and Tenths
17.How many times per week or pe	r month did you take part in this activity?
Times	s per week1 OR
Times	s per month2
	t know/Not sure777 sed999
18. And when you took part in this usually keep at it?	activity for how many minutes or hours did you
Don'	rs & Minutes: : t know/Not sure

SECTION D: DIET

19. About how much do you v	weigh without shoes?
	Weight(Pounds) Don't know /Not sure777 Refused999
20.About how tall are you wi	thout shoes?
	Height
	Don't know /Not sure
21.Are you now trying to lose	e weight?
	Yes
22.Are you eating fewer calo	ries to lose weight?
	Yes 1 No 2 Don't know /Not sure 7 Refused 9
23.Have you increased your p	physical activity to lose weight?
	Yes 1 No 2 Don't know /Not sure 7 Refused 9
24. How often do you add sale	t to the table on your food?
Would you say?	Most of the time 1 Sometimes 2 Rarely 3 Never 4 Don't know /Not sure 7 Refused 9

Section E: Cigarette Smoking

25.Have you smoked at lea	st hundred cigarettes in your life?
(100 cigarettes=5packs)	Yes 1 No(Go to Section F) 2 Don't know /Not sure 8 Refused 9
26.Do you smoke cigarette	s now?
	Yes
27.On an average how man	y cigarettes a day do you smoke now?
(1pack=20 cigarettes)	Number of cigarettes Don't smoke regularly88 Refused99
28.Have you stopped smok	ing for a year or more sometime during the past year?
	Yes
Section F: Alcohol Consu	mption_
-	re about the use of beer, wine or liquor-all kinds of alcoholic at meals, special occasions or when just relaxing.
29.Have you had any beer ?	wine or liquor during the past month that is, since
	Yes
30.During the past month, beer?	how many days per week or per month did you drink any
	Days per week 1
	Days per month

31.On the days when you dr	rank beer how many beers did you drink on the average?
	Number of beers
	Don't know/Not sure $\frac{77}{7}$
	Refused99
32.Also during the past mon wine?	nth, how many days per week or per month did you drink any
	Days per week1 Or
	Days per month2
	Never or none(Go to Q.34)888
	Don't know /Not sure (Go to Q.34)777
	Refused(Go to Q.34)999
	,
33.On the days when you dr the average?	rank wine, about how many glasses of wine did you drink on
	Number of alogges of wine
	Number of glasses of wine
	Refused99
	Refused99
	onth, about how many days per week or per month did you ch as vodka, gin, rum or whiskey?
	Days per month1
	Days per week
	Never or none(Go to Q.36)888
	Don't know /Not sure (Go to Q.36)777
	Refused(Go to Q.36)999
	1.01asea(00 to Q.50)
35.On the days when you draverage?	rank any liquor, about how many drinks did you have on the
	Number of drinks
	Don't Know/Not Sure
	Refused99
	Refused99
	alcoholic beverages, that is beer, wine and liquor, as drinks, past month did you have 5 or more drinks on an occasion?
	Number of times
	None
	Don't Know/Not Sure
	Refused99
	1.010,000

37.And during the past mont too much to drink?	th, how many times have driven when you've had perhaps
	Number of times
Section G: Demographics	
And finally, these last few qu	uestions ask for a little more information about yourself.
38. How old were you on yo	ur last birthday?
	Code age in years Do not remember/Not sure07 Refused09
39. What is your race?	
40.Are you of Hispanic original or Cuban?	White
41.What is the highest grade	Yes 1 No 2 Don't know /Not sure 8 Refused 9 or year of school you completed?
	Eighth grade or less1Some high school2High school grad or GED certificate3Some technical school4Technical school graduate5Some college6College Graduate7Post Grad or Professional Degree8Refused9

42.Are you currently	
	Employed for wages1Self Employed2Out of work for more than one year3Out of work for less than one year4Homemaker5Student6Retired7Refused9
43.And are you	
	Married. 1 Divorced. 2 Widowed. 3 Separated. 4 Never been married. 5 Member of an unmarried couple. 6 Refused. 9
44. Which of the following ca all sources?	tegories best describe your annual household income from
	Less than \$10 000. 1 \$10 to \$15 000. 2 \$15 to \$20 000. 3 \$ 20 to \$25 000. 4 \$25 to \$35 000. 5 \$35 to \$50 000. 6 Over \$50000. 8 Don't Know/Not Sure. 7 Refused. 9
	ATE SEX OF RESPONDENT f necessary)
	Male
Interviewer: Ask this question	n only to females between 18 and 45
46.To your knowledge, are yo	ou now pregnant?
	Yes. 1 No. 2 Don't know/Not sure. 7

Refused.....9

47. Are there any other telephone numbers, which can be used to reach this household?

Yes...(Go to Q48) No, code column 111,Q48 as "1" and read closing statement

48. How many telephone numbers will reach this household including the number I used today?

(Differentiate between telephone numbers and telephone sets if necessary. Include all telephone numbers that can reach this household)

CLOSING STATEMENT

This concludes this interview. Again the information will be kept confidential and will be used for routine statistical research purposes. Thank you for your assistance. We greatly appreciate your time and cooperation